

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: 29556.2522 (6-1246)							
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____		In re Application of: Wood et al. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number: 10/577,395</td> <td style="width: 50%; padding: 2px;">Filed: 10/29/2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For: DETECTION OF NEUROPEPTIDES ASSOCIATED WITH PELVIC PAIN DISORDERS AND USES THEREOF</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit: 1636</td> <td style="padding: 2px;">Examiner: Celine X. Qian</td> </tr> </table>		Application Number: 10/577,395	Filed: 10/29/2004	For: DETECTION OF NEUROPEPTIDES ASSOCIATED WITH PELVIC PAIN DISORDERS AND USES THEREOF		Group Art Unit: 1636	Examiner: Celine X. Qian
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$75/\$150) \$ _____ <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$280/\$560) \$ _____ <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$635/\$1270) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$990/\$1980) \$ _____ <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1345/\$2690) \$ <u>1345</u> </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>505409</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>40,087</u>. </div> <div style="margin-left: 100px; margin-top: 20px;"> <div style="display: flex; justify-content: space-between; width: 80%;"> <div style="text-align: center;"> _____ /Edwin V. Merkel/ Signature </div> <div style="text-align: center;"> _____ November 11, 2011 Date </div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-top: 10px;"> <div style="text-align: center;"> _____ Edwin V. Merkel Typed or printed name </div> <div style="text-align: center;"> _____ (585) 270-2104 Telephone Number </div> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>									
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.									

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